

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/801,950
		Filing Date	March 8, 2001
		First Named Inventor	Philip G. Durr
		Group Art Unit	2192
		Confirmation Number	1451
		Examiner Name	Chuck O. Kendall
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	154597.01

<b>ENCLOSURES (check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply ( pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5			
<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) ( sheets)  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) __			
<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i>  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> <b>Issue Fee Transmittal</b> <input checked="" type="checkbox"/> <b>Comments on Statement of Reasons for Allowance (2 pg.)</b>			
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> <i>(Under 37 CFR § 1.8(a))</i>  I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below:   Date <u>May 17, 2006</u> Signature <u>Noemi Tovar</u> Printed Name <u>Noemi Tovar</u>			
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.			

<b>SIGNATURE OF ATTORNEY OR AGENT</b>			
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